

To:  
Banca Monte dei Paschi di Siena SpA:  
Siena

**PROXY FORM FOR SHAREHOLDERS' MEETINGS**

DELEGATING PARTY

I, the undersigned,  
Surname ..... Name .....  
place of birth ..... date of birth .....  
resident in .....  
**or**  
Company name .....  
Registered office .....  
\_\_\_\_\_  
Tax code/social security no. ....  
telephone ..... e-mail .....

1st DELEGATED PARTY

**HEREBY DELEGATE**

Surname ..... Name .....  
place of birth ..... date of birth .....  
resident in .....  
**or**  
Company name .....  
Registered office .....  
\_\_\_\_\_  
Tax code/social security no. ....

2nd DELEGATED PARTY

**who may in turn elect to be replaced by**

Surname ..... Name .....  
place of birth ..... date of birth .....  
resident in .....  
**or**  
Company name .....  
Registered office .....  
\_\_\_\_\_  
Tax code/social security no. ....

to represent me at the Shareholders' Meeting of Banca Monte dei Paschi di Siena S.p.A., summoned for **20 May 2014 (first call), 21 May 2014 (second call), 22 May 2014 (third call)** and exercise voting rights in relation to:

(number) ..... ordinary shares of Banca Monte Dei Paschi di Siena S.p.A.  
deposited with: .....

Provide details of valid identity document for proxy signatory; should the delegating party be a Company, provide details and capacities of the signatory (e.g. *Chairman, Chief Executive Officer*, etc.):  
Identity document (type) ..... issued by ..... no. ....  
.....

Date, .....

**Signature** .....

I authorise the processing of my personal data under Legislative Decree no. 196 of 30 June 2003 (the Italian "Personal Data Protection Code") and its communication to Banca Monte dei Paschi di Siena S.p.A. solely for the purposes connected with the activities of the Shareholders' Meeting .

**Signature** .....